## Name DOB Male/ Location Female

DRAFT Nursing Home Influenza-like Illness Outbreak Line Listing Modify according to the situation	
Department of Health & Huntan Resources	West Virginia Burcau for Vour Safety Public Health One Propose

LHD:

Nursing Home:

Date 1<sup>st</sup> ill

Highest Temp

Sore throat Y/N

> Cough Y/N

Other symptoms / complications

Lab

Vaccination status

Hospitalized

Point of Contact

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June, 2011